



### Student Registration: Ages 11-19

(Please print clearly in black ink.) Do not staple or tape anything to this form.

**Primary Instrument**  Piano  Flute  Clarinet  Violin  Viola  Cello  Composition  Saxophone **Years of Study** \_\_\_\_\_

**Youth Participant**  Former Soiva camper?

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Roommate Request (optional) Please list only one name. Requests must be mutual. \_\_\_\_\_

Food Allergies/ Vegetarian/ Vegan/ Other: \_\_\_\_\_

**School Information for Youth Participant**  Homeschool

Highest grade completed prior to session \_\_\_\_\_

Present Music Teacher \_\_\_\_\_

Teacher Email (required) \_\_\_\_\_

School Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

### (Parent/Guardian)

Full Name \_\_\_\_\_  
Last First Middle

**E-Mail (required)** \_\_\_\_\_

Custodial parent/guardian at time of session?  Yes  No

Relationship to Youth Participant \_\_\_\_\_

Mailing Address  Same as Youth  Different

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Work Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### TUITION:

Local Commuters \$500

Early Bird by April 1 \$700

Regular Student Rate \$750\*

\*Email: soiv2017@yahoo.com for scholarship and/or travel grant information

### Payment Method

Check included - Payable to Finlandia Foundation

VISA  MasterCard  DISCOVER

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(3-digit # found on back of credit card in signature panel)

**Total Charge Amount \$** \_\_\_\_\_

Cardholder Name (Please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(Required)

### Mail, fax , or email completed form with deposit to:

Concordia College  
 Deb Harris  
 Hvidsten Hall of Music, Rm 138  
 901 8th St. S.  
 Moorhead, MN 56562  
 (218) 299-4867  
 harris@cord.edu  
 Fax: (218) 299-3058

Deposit: \$300  
 Not refundable after May 1

<b>Emergency Contact</b> <small>(If unable to reach parent/guardian during session)</small> Name _____ Relationship to Participant _____ Home Phone _____ Work Phone _____ Cellphone _____
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### Office Use Only

Initials \_\_\_\_\_ Date Received \_\_\_\_\_